

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)						SERIAL NO. 091415645 APPLICANT(S)		FILING DATE			
						CLAIMS					
AS FILED		AFTER A 1st AMENDMENT		AFTER B 2nd AMENDMENT				A		B	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)		1		1		(51)		1		1	
2			1		1	52			1		1
3			1		1	53			1		1
4			1		1	54			1		1
5			1		1	55			1		1
6			1		1	56			1		1
7			1		1	57		2		2	
8			1		1	(58)		1		1	
9			2		2	59			1		1
10			2		2	60			1		1
11			1		1	61			1		1
12			1		1	62			1		1
13			1		1	63			1		1
(14)		1		1		64		2		2	
15			1		1	(65)		1		1	
16			1		1	66			1		1
17			1		1	(67)		1		1	
18			1		1	68			1		1
19			1		1	69			1		1
20			1		1	(70)			1		1
21			2		2	71			1		1
22			2		2	(72)			1		1
23			1		1	73			1		1
24			1		1	74			1		1
25			2		2	(75)			1		1
26			1		1	76			1		1
27			1		1	(77)			1		1
(28)		1		1		78			1		1
29			1		1	79			1		1
30			1		1	80			1		1
31			1		1	81			1		1
32			1		1	82			1		1
33			1		1	83			1		1
34			1		1	84			1		1
35			2		2	85			1		1
36			2		2	86			1		1
37			1		1	87			1		1
38			1		1	88			1		1
39			2		2	89			1		1
40			1		1	90			1		1
41			1		1	91			1		1
(42)		1		1		92			1		1
43			1		1	93			1		1
44			1		1	94			1		1
45			1		1	95			1		1
46			1		1	96			1		1
47			1		1	97			1		1
48			1		1	98			1		1
49			1		1	99			1		1
50			2		2	100			1		1
TOTAL IND.						TOTAL IND.		8		12	
TOTAL DEP.						TOTAL DEP.		23		28	
TOTAL CLAIMS						TOTAL CLAIMS		80		90	

PTO-1380 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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